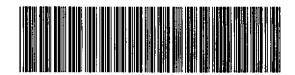
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, PLEMB

C. St. gar.

T. CLINE

DEC 13 2010

EXAMINER

COVER LETTER

TO: Registration S Division of C					
SUBJECT: "A+" Ed	ducational Mapping,	Inc.			
	Name of R	esulting Florida Profit Corp	poration		
		•	, and fees are submitted cordance with s. 607.111		
Please return all corre	espondence concerning	g this matter to:			
Schiller Jerome					
	Contact Person				
"A+" Educationa	l Mapping				
	Firm/Company				
P.O Box 370754					
	Address			a(
M:: 51 00407				25 25 25 25 E	
Miami, FL 33137	City, State and Zip Code			AR R	*******
	niy, state and hip code			2000 C TO	Pateren L
mthermitus@yah	oo.com			क्षंट 🗕	
E-mail address: (to	be used for future annual r	eport notification)		F-10	Ja. 1.20
For further informati	on concerning this ma	tter, please call:		12: 34 18:34	" is valed
Manoucheka Therm	itus	at (305) 801	-8994		
Name of Con	tact Person		ime Telephone Number	~	
Enclosed is a check t	for the following amou	int:			
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	2\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES Registration Section	<u>S:</u>	MAILING / Registration			
Division of Corporat	ions	Division of C			
Clifton Building		P. O. Box 63	27		
2661 Executive Cent	er Circle	Tallahassee,	FL 32314		

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
"A+" Educational Mapping, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
011 115111 21 222
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
"A+" Educational Mapping, Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 6th	day of December	, 20_10			
Individual signin	ture for Florida Profit Corporating affirms that the facts stated in the ony as provided for in s. \$17.155, I	is document are true. Any false inform	ation co	onstitut	es
Signature of Cha selected, an Inco	irman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have	not be	en	
Printed Name: M	anoucheka Thermitus Title:	Director	-		
stated in this doc s.817.155, F.S.	ument are true. Any false information and the below for required signature(s).				
Signature: AVVI	hiller/Jerome	Title: Director	•		
11		Title. Shooter	•		
Signature:	anoucheka Celeste	Title: Director	- -		
Signature: Printed Name:		Title:	-		
Signature: Printed Name:		_ Title:	SEC 1ALL	2010 DE	
Signature: Printed Name:		Title:		DEC 10	
Signature: Printed Name:		Title:		PM 12: 34	1 mg
	al Partnership or Limited Liabili		27	34	
	ed Partnership or Limited Liabilit L General Partners.	y Limited Partnership:			
	ed Liability Company: ember or Authorized Representative				
All others: Signature of an ar	uthorized person.				
Fees for l Certified	te of Conversion: Florida Articles of Incorporation: Copy: te of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	41 1 8 4	
The name of the co	prporation shall be: "A+" Ed	ucational Mar	opina. Inc.
ARTICLE II	PRINCIPAL OFFICE		9,
	Principal street address	Mailing ac	ddress, if different is:
2700 No	orth Miami Avenue	P.O Box 370754	
Suite 501		Miami, FL 33137	
Miami, FL	. 33127	<u> </u>	
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
The purpose for w	mich the corporation is organized is.		
Λ		<i>C</i>	
Δn	/ and all l	2W/THE PH	CINACC
\frown	and all la	avviui bu	3111033.
_			
ARTICLE IV The number of sha	SHARES		
i ne number oi sna	ires of stock is: 1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
Name and T	itle: Manoucheka Thermitus/ President and CEO	Name and Title: Schiller Jerorr	ne/Vice President and CFO
Address:	24 Ne 47 Street	Address: 24 NE 47 Stre	e1
	Miami, FL 33137	Miami, FL 331	37
Name and T	itle: Manoucheka Celeste/ Vice President	Name and Title:	291 SE
Address:	3716 NE 75th Street Apt. 309	Address:	5
714410331	Seattle, WA 98115		王 三 三
			SP -
			SF 0
	itle:		
Address:		Address:	50 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -
		Manoucheka	Thermitus 20 2
		Maintaine	Eliza Grand
ARTICLE VI	REGISTERED AGENT		P
	orida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	Manoucheka Thermitus	-	
Address:	24 NE 47 Street		
	Miami, FL 33137		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Schiller Jerome		
Address:	NE 47 Street		
	Mami, FL 33137		
1 .		C C H I A L L	
	ned as registered agent to accept service		
inis cerupicate, i a	ım familiar with and accept the appointm	eni as regisierea ageni ana agree io a	ici in inis cupacity
./V 🗽	X	12/6/2010	
			
ке ф	ired Signature/Registered Agent	Date	
I submit this doci	ument and affirm that the facts stated h	erein are true. I am aware that anv	false information submitted in a
document to the L	Department of State constitutes a third deg	ree felony as provided for in s.817.1.	55, F.S.
V//W/. A	-		
SOUNDAR	b	12/6/2010	
Remi	red Signature/Incorporator	Date	